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EFS ID: 12209
Application ID: 09682357
Title of Invention: Customer Interface Unit
First Named Inventor: Amatsia Kashti
Domestic/Foreign Application: Domestic Application
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Effective Receipt Date: 2001-08-24
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Attorney Docket Number: 1320.03
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TRANSMITTAL FORM



Electronic Version 1.0.2

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Attorney Docket Number: 1320.03

Customer Interface Unit

First Named Inventor: Amatsia Kashti

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	1320aapds.xml
fee-transmittal	1320afee.xml
specification	Spec.xml
declaration	Dec01.tif
declaration	Dec02.tif
declaration	Dec03.tif
declaration	Dec04.tif
declaration	Dec05.tif

Attached Image File(s):

Dec01.tif
Dec02.tif
Dec03.tif
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1320aapds.xml
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Comments:

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COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Customer Interface Unit

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Anton J. Hopen
Ronald E. Smith
Matthew G. McKinney

Registration Number 41,849
Registration Number 28,761
Registration Number 46,920

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

Smith & Hopen, P.A.
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Customer No. 21,901

DIRECT TELEPHONE CALLS TO:

Ronald E. Smith
(727) 507-8558

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE

Inventor's signature

Amatsia Kashti

Date

_____, 2001

Country of Citizenship

United Kingdom

Residence

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United Kingdom

**ADDED PAGE TO COMBINED DECLARATION
AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION
OR C-I-P APPLICATION**

(complete this part only if this is a divisional, continuation or C-I-P application)

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)
UNDER 35 U.S.C. § 120**

I hereby claim the benefit, under Title 35, United States Code, § 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information

☒ that is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

☒ and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent,

that occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application. (37 CFR 1.63(e)).

(also check the following item, if desired)

☐ In compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. 1.98.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC § 120:**

U.S. APPLICATIONS		Status (<i>check one</i>)		
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
1.0 /				
2.0 /				
3.0 /				
PCT APPLICATION DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. APPLICATION NOS. ASSIGNED (<i>if any</i>)		
4. PCT/GB00/00657	24 February 2000	0 /	X	
5.		0 /		
6.		0 /		

**35 USC § 119 PRIORITY CLAIM, IF ANY,
FOR ABOVE LISTED U.S./PCT APPLICATIONS**

ABOVE APPLICATION NO.	DETAILS OF FOREIGN APPLICATION FROM WHICH PRIORITY CLAIMED UNDER 35 USC § 119		
	Country and Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)
PCT/GB00/00657	GB 9904316.8	26/02/1999	

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 355

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 2000
Expiration Date: 20020531
Authorized Name: Anton J. Hopen
Billing Address: 33760

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 15	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0